1. PLACE OF B		BUREAU OF VIT.		State File No. 537
STANDARD CERT		STANDARD CERTIF	~ '	
County Marayo. State Uryona				
District or Township or Village or Village				S1-10,-
District or Township				
City				
VILLEGIE (SAI A MILLIAM AVILLANDE SIT child is not yet named, make				
The state of the s				
Z/A	To be answered ONLY in event of plural	}	180	7. Date of birth June 4 /930
_///	births.	5. No., in order of bir	<u>ih</u>	Month Day Year
8 /7	FATHER		14.	MOTHER
Full name Incurrent More Clumb Full maiden name Unsa Victoria Mackey				
3. Residence (Usual place of abode) Young			15. Residence (Usual place of abode	young.
If non-resident, give place and state.			If non-resident, give place and state. Orn.	
10 Color or race			16. Color or race	
W. 11. Age at last birthday 46 (Years)			17. Age at last birthday / (Years)	
Moderal				Morsedraw
12. Birthplace (city or place)			18. Birthplace (city or place) 44	
(State or country)			(State or country)	
13. Occupation Farmer			19. Occupation Journal of	
Nature of industry			Nature of industry	
20 Number of children of this mather.			2 21. Were precautions taken against coh-	
thalmin nematorum?				
(Taken as of time of birth of child herein certified and including this child.) (c) Stillborn.				
CERTIFICATE OF ATTENDING PHYSICIAN OB MIDWIFE*				
I hereby certify that I attended the birth of this child, who was (Born silve or stillborn.)				
(*When there was no attending physician) Signature				
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nort shows other evidence of life after birth.) (Physician or midwife).				
a supplemental report Month, day, year				
Filed June 20, 1930 J. H. Frast				
Registrar				
TICLE COUT TIVE TO THE SECOND				